

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	
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FILING DATE

APPLICANT(S)	
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CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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30	/	/				
31	/	/				
32	/	/				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	9					
TOTAL CLAIMS	13					